

things we should and CAN provide to our Guard and Reserve members. Extending the military pay raise, providing meaningful tax relief for military families, and improving overall quality of life entitlement programs is the very least we can do for the families and servicemembers who have endured extraordinary—and in some cases—supreme sacrifices for our country.

The mistreatment of our Guard and Reservists and its repercussions on them and their families' morale and well-being must stop. Is it too much to ask that our government provide basic necessary services such as comprehensive health coverage and timely compensation to our Guard and Reserve members?

I urge my colleagues to include funding for these measures in this year's Defense Authorization Act and to push for passage of the many proposals addressing these issues which are currently stalled in Committee.

#### HEALTH CARE'S BREWING STORM

##### HON. BARNEY FRANK

OF MASSACHUSETTS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 27, 2004*

Mr. FRANK of Massachusetts. Mr. Speaker, earlier this week I had the pleasure of inserting into this forum a very good editorial from the Boston Globe about the excellent work that is done by Bristol Community College, which I have been privileged to represent for more than twenty years. It is important for us to spread good news. But it's also important for us to give people the bad news, especially when it is bad news that could be made worse if we do not act.

One of the most important institutions in the part of Massachusetts which I represent is the Southcoast Health System, which joins major hospitals in Fall River, New Bedford and Wareham. The President of that system, John Day, is an extremely knowledgeable student of health care in America, and not only does a first-rate job of administering the hospital system, he also has been an important source of information for me and others about health care policy.

Sadly, but honestly, he recently wrote an op-ed piece in the Boston Globe which began with the quote "warning" that "a devastating health care crisis is closer than you think." John Day is deeply committed to providing the health care that people need, and he has been a leader in providing it to people of below average income in a part of the state of Massachusetts where that has been an issue. His eloquent plea for a change in our health care policy, and his dire—but hardly exaggerated—warnings about what will happen if we do not change, deserve our attention and I ask that his article be printed here.

#### HEALTH CARE'S BREWING STORM

(By John B. Day)

Warning: A devastating health care crisis is closer than you think. Like the side-view mirrors on our cars that warn us "objects are closer than they appear," a rupture in the Massachusetts health care system is more of a real threat than it seems at first or even second glance. The professional health care that patients receive today has given us a false sense of security over the imperiled state of the entire system.

Patients across Massachusetts have been insulated from this reality by the health

care community's medical, moral, and legal obligation to fulfill its mission at all costs. Patients continue to receive an abundance of health care services even as the economic vise on hospitals tightens.

The warning signs are easily recognizable—from the previously unacceptable delays in gaining access to doctors to the intolerably long waits in emergency rooms to ambulances being diverted from hospital to hospital. Because these cracks in the system have been incremental and the degeneration of the system gradual, we have come to accept them as routine when they are anything but. They are, in fact, alarm bells signaling the onset of a crisis.

Today's delays, long waits, and diversions are mere inconveniences compared to what may lie ahead. Do you want to see the day when patients are flatly turned away for lack of beds? Or when critical and costly services, such as psychiatric care, are eliminated? Or when resources become so scarce that only the fortunate few will have enough money and power to afford access to the advanced technologies and treatments to which many currently feel entitled?

Such dire scenarios may seem unthinkable in a state whose health care system was once the model for the nation. But there's a rapidly advancing storm poised to wreak havoc, already leaving shuttered local hospitals in its wake. In 1980 there were 118 hospitals in Massachusetts. Today there are 67.

As president and CEO of one of the largest community hospital systems in the state—and the largest employer in southeastern Massachusetts, it is my responsibility to issue the storm warning, before it hits us head-on.

I entered Massachusetts health care just after the famous blizzard of 1978, an act of nature that caused more destruction than most of us had ever experienced. The cost of the destruction and the loss of life might have been less had we the capability to warn people just how bad it was going to be.

Already, we are seeing the state eliminate insurance coverage for those who can least afford it. Health care providers are refusing to provide essential services because they cannot receive reimbursement for those services. For the first time, many of my colleagues at hospitals have begun to discuss the elimination of health care services.

SouthcoastHealth System, which I oversee, gives me a close look at this dilemma. Our patient population is older, sicker, and poorer than elsewhere in Massachusetts. More than 75 percent of our patients rely solely on Medicare and Medicaid, which reimburse hospitals substantially below our actual costs. Unlike public safety-net hospitals, community hospitals like Southcoast have no statutory entitlement to local or state funds in order to underwrite the cost of providing free care to the uninsured.

Our merger of St. Luke's Hospital in New Bedford, Charlton Memorial Hospital in Fall River, and Tobey Hospital in Wareham allowed us to stabilize the financial footing of our region's health care system. By cresting efficiencies of scale and sharing resources, we now provide care where it is needed most—in our own community. A decade ago there did not exist the continuum of care that is available today for tens of thousands of families in southeastern Massachusetts.

But while we are proud of these accomplishments, we know that mergers, consolidation, and cost-cutting maneuvers are not enough. The continuing state and federal funding cuts leave many hospitals with no choice but to cut core clinical services—services everyone expects to receive at their local community hospital.

During the blizzard of '78, many coastal residents refused to believe they were in real

danger until the waves were crashing against their door. Let us not wait until we are on the brink of disaster to accept the dire circumstances that await us. It is time we recognize the tide is rising against the health care industry. It is imperative that state and federal governments, health care providers, industry leaders, and patients work cooperatively to find sustainable solutions to ensure that core medical services remain available to every resident of Massachusetts.

#### INTRODUCTION OF LEGISLATION DESIGNATING THE NEWELL GEORGE POST OFFICE IN KANSAS CITY, KS

##### HON. DENNIS MOORE

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, April 27, 2004*

Mr. MOORE. Mr. Speaker, joined today by Representatives TODD TIAHRT, JIM RYUN and JERRY MORAN, I am introducing legislation that would designate the United States Postal Service facility located at 550 Nebraska Avenue in Kansas City, Kansas, as the "Newell George Post Office Building."

Newell Adolphus George served as a member of the 86th Congress, from 1959–61, representing the Second District of Kansas, which was redesignated as the Third District following the post-1960 congressional reapportionment. He was a member of the House Veterans' Affairs Committee. Born in Kansas City, Missouri, in 1904, he attended Hawthorne Grade School and Wyandotte High School in Kansas City, Kansas, as well as Wentworth Military Academy in Lexington, Missouri, and Park College in Parkville, Missouri.

After studying law at the University of Kansas City School of Law, Newell George obtained employment as a Capitol Hill elevator operator through the patronage of Senator George McGill of Kansas and graduated from the George Washington University Law School. He then was an attorney for the Reconstruction Finance Corporation in Washington, D.C., from 1935–1937, a regional counsel for the War Manpower Commission from 1942–43, and a regional attorney for the Bureau of Employment Security and the Federal Security Agency from 1937–52. After the Democratic Party lost control of the Executive Branch, George served as first assistant Wyandotte County Attorney from 1953–58. At that point, he began running for Congress, losing to incumbent Republican Errett Scrivner in 1954 and 1956. In 1958, however, a strong anti-Republican tide ran through the farm and western states, resulting in the defeat of numerous incumbent Senators and Representatives, including the defeat of Representative Scrivner by Newell George.

With Republican dominance returned to Kansas in 1960, Representative George was defeated for re-election by Robert Ellsworth of Lawrence, making Newell George the most recent resident of Kansas City to represent Kansas in the U.S. Congress. After his defeat, however, George was the first U.S. Attorney nominated for appointment by the new Kennedy-Johnson Administration. Newell George served as U.S. Attorney for Kansas from 1961–68. After losing another congressional race in 1968 to Representative Larry Winn, Jr., George practiced law privately in Kansas City, Kansas, and died in 1992.